Eastern Region Trauma Advisory Committee Minutes
June 14, 2012
Hosted by St. Vincent Healthcare

Called to Order by ERTAC Chair Dr. Billy Oley at 1405

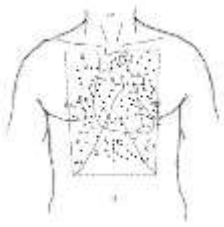
Introductions and role call
Minutes from March ERTAC approved
Case presentations:

Brad Von Bergen RN from Billings Clinic presented two cases.

Case 1: Pediatric Neuro Trauma from a remote rural area, several miles from nearest facility. Discussion centered on scene triage (multiple potential victims), "load and go" vs. "stay and play", airway management, control of bleeding, and fluid/blood product resuscitation. Scene triage-with only 1 BLS crew available and on scene, the crew took a few extra minutes to ensure others involved in the accident did not require medical attention prior to departing the scene. This extended the scene time by approximately 10 minutes. The EMS team activated the trauma system from the scene which allowed for the transfer to be arranged early. Load and go vs. stay and play-refers to the time spent on scene. Trauma patients, such as this one, who need interventions to address life-threatening injuries benefit by getting to a facility where resuscitative measures can be provided. Limiting time on scene (load and go) gets the patient to those resuscitative interventions faster. Airway management-multiple attempts were made to intubate this patient before a LMA was used. Discussion suggested going to a rescue airway sooner to limit airway trauma. The LMA was an appropriate short-term airway for this patient. Bleeding-it was noted that there was significant blood loss at the scene and the dressing was "saturated" with blood on arrival by both the referring hospital and the flight crew. Head wounds tend to bleed significant amounts due to vascularity of the scalp. Attention to control the bleeding is a primary intervention that should be addressed early. This is accomplished by direct pressure until hemostasis is achieved. It can be difficult to control scalp bleeding with pressure dressings. Fluid resuscitation-discussion about providing warmed isotonic crystalloid. In pediatric patients, initial bolus of 20 cc/kg followed by 2nd 20 cc/kg to address shock. Warmed PRBC's, 10cc/kg, if signs of shock persist despite crystalloid boluses. A Broslow© tape provides important information and should be utilized. The patient was transferred to a Level II facility where blood product resuscitation and initial operative care was performed. The patient was transferred to a pediatric Level I hospital where an ICP was placed and managed. The brain continued to swell despite aggressive measures and the patient died on day 3.

Case 2:

Stab to the "box" (see diagram).



We discussed "load and go" vs. "stay and play", primary assessment and interventions, and EMS trauma activation. This case is a great example of withholding time consuming interventions on scene, load and go, to expedite the transfer. The trauma team completed an ATLS primary survey to find and address the life-threatening injury. This was accomplished by quickly as EMS called early to activate the trauma team. This early activation allowed the trauma team to gather and prepare for the patient. The patient's injury was found by US of the heart. The patient went to the OR for thoracotomy and repair of the wound to the right atrium of the heart, and removal of clot from the pericardium. The patient did well post-operatively.

Chuck Bratsky RN from St. Vincent Healthcare and Brady Ruff PA-C from Rosebud Healthcare presented the next case. Train vs. pedestrian with complete above the knee amputation and mangled foot (other side). Case discussion included load and go vs. stay and play, early activation of trauma team, early request for transfer, airway management, use of tourniquets, and fluid resuscitation. Scene time was very short. EMS recognized severity of injuries and activated the trauma team early, not delaying transfer for interventions for on-scene interventions. Provider at rural facility contacted trauma center early to facilitate a quick transfer. Due to decrease in patient's consciousness the patient was intubated early. The patient was given warmed crystalloid boluses for hypotension. PRBC's hung early in the resuscitation (after 1500cc crystalloid). On-scene bystanders placed belts around both legs. These were not tightened and left in place in the event they would be needed for bleeding control. The patient (and his amputated limb) was transferred via flight to Level II facility where he underwent emergency surgery and PRBC infusion. The patient was discharged to a hospital near is home (out-of-state) for rehabilitation.

General meeting

Welcome Randi Koehn MSN RN as the Trauma Coordinator for St. Vincent Healthcare. Randi brings years of ED experience to her new position. Randi's contact info 406-237-4171 Randi.Koehn@svh-mt.org

The Rocky Mountain Rural Trauma Symposium will be held in Bozeman at the Grantree Inn September 13 and 14, 2012. Speakers and agenda are set. This is the 25th RMRTS. Information and registration @ 45pr.com Scholarships are available!

The 4th Annual Rimrock Trauma Conference will be October 26th. This St. Vincent Healthcare-Billings Clinic conference will be hosted by Billings Clinic this year. Dr. Jerry Jurkovich from Denver Health will be our Keynote presenter.

Subcommittee reports

Treasurer report presented by Brad Von Bergen. We currently have $8,042.41 in our account. This money is available for Trauma Education. We have individual scholarships and funding for trauma education/conference, such as TEAM and TNCC. Please contact Brad Von Bergen for more information. bvonbergen@billingsclinic.org or 406-435-1581.

Education report provided by Elaine Schuchard RN. TEAM is available to schedule. Currently Colstrip has applied for the course and the date has yet to be determined. Roundup Memorial and Bighorn County Memorial have expressed an interest but have not applied. To apply for the TEAM please contact Brad Von Bergen.

There are several TNCC courses scheduled.

August 9-10 in Conrad
August 29-30 in Harlowton
September 26-27 in Great Falls
October 24-25 in Billings
November 12-13 in Conrad
November 15-16 in Lewistown
November 19-20 in Malta

Geriatric Course to be rolled out in September at the Montana Trauma System Conference.

Injury Prevention: No report

QI report by Brad Von Bergen:

This subcommittee will be reviewing regional pediatric deaths (≤ 14 years old), Transferred out > six hours after admission. We are looking for EMS quality measures to use. Chris Mehl shared the QI sheet her service uses.

If you would like to be a part of a subcommittee please contact Brad, Elaine, Chuck or Randi.

State report presented by Jennie Nemec RN:
WELCOME new EMS System Manager; Shari Graham, NREMT-P sgraham2@mt.gov 406-444-6098
STCC meeting August 8
ATLS November 2-3 in Billings is full. For more info contact Gail Hatch @ ghatch@mt.gov 406-444-3746
Designation/Verifications:
Re-designations-Whitefish CTF and Conrad TRF
ACS Level III/MT Area TF Kalispell
Focused review Sheridan TRF and Plentywood TRF
New Designation review: White Sulfur Springs TRF (7/19/2012)
Re-designation due: Superior 6/8, Dillon 8/9
39 DESIGNATED MT FACILITIES! 8 Non-CAH, 30 CAH, 1 clinic
RMRTS Agenda: 25 Years of MT Trauma, Prevention of Hypothermia, Fluid Resuscitation, Geriatric Trauma, and much more!
MT Trauma Systems Conference is on Wednesday September 12
Rural Flex grant Funds: funds for surgeon trauma site reviews, partial cost of PMS. Submission for next grant to include surgeon site review support and DI coding courses.
EMS-Children: Pediatric transfer guidelines being updated. EMSC State Partnership Regionalization of Care Program-4 year grant from HRSA/EMSC. Appropriate Treatment Venue-rapid access to Pediatric specialty facility, rapid access to in-state pediatric specialty facility, and treatment in patient's community. Partners include the State EMSTS office, an appropriate hospital partner, State office of Rural Health/Regional AHEC, Billings Area HIS, MHA and Children's Hospital of Denver. Focus is on underserved populations.
Emergency Medical Dispatch: 3 King County based EMD classes: June 5-8 in Missoula, June 19-22 in Glasgow and Great Falls in July or August.
EMS Data Rules went into effect April 1st.
Next Emergency Care Committee 8/27/2012
New POLST forma available through the EMSTS office 406-444-3895
Injury Prevention: Concussion Management-Bill being drafted for 2013 Legislature to include training requirements for coaches and officials and recovery plan. For more information contact Bobbi Perkins bperkins@mt.gov or Jennie Nemec jnemec@mt.gov
Seatbelt plan-work is continuing on local ordinances and legislative bills for 2013. Working on Media advocacy plan.
Fall prevention goals for 2012-2014- work to expand the Stepping On program and training of new Stepping On leaders.
Screening, Brief Intervention and Refer to Treatment (SBIRT). New toolkit for youth available. MT youth risk survey-25% of MT high school students reported binge drinking during past 30 days and 26% rode in a car driven by someone who had been drinking alcohol in the past 30 days.
System issues: pediatric Neurosurgery availability, Bariatric Trauma-Pilatus PC-12 FW aircraft, capable of transporting pts up to 650 lbs now available in Glasgow (STAT AIR) and Williston (Valley MedFlight), Air Medical activation guidelines-cards coming soon, Interfacility Transfer issues-MTS conference topic, Anticoagulated trauma patients-ERTAC handout, Hypothermia/normothermia philosophy-remember to document temps, IV fluid resuscitation-document amount and type, Updated MT Trauma Decision/TTA criteria
Preventable Mortality Study: 2008 traumatic deaths-442 study cases, 135 reviewed to date. Looking for Opportunities for Improvement (OFI) in phases and types of care.
WTRAC-Dr. Jon Gildea DO is new Chair. Working on issues of distracting injuries, pregnant trauma patients & multiple patient scenarios, including review of the Missoula Bus Crash near Clinton (also scheduled as panel discussion for RMRTS)
CRTAC-working on issues of futile resuscitation, communications, trans processes, massive transfusion protocols, and penetrating chest trauma.

The meeting was adjourned at 1645.